



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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ADELINA SORKIN, LCSW/ACSW
DR. HARRIETTE WILLIAMS, CHAIR

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **July 26, 2004**, in room 140 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Joyce Fahey
Brenda Galloway
Phalen G. Hurewitz
Helen Kleinberg
Christina S. Mattingly
Dr. La-Doris McClaney
Adelina Sorkin

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry
Daisy Ma
Sandra Rudnick
Dr. Harriette Williams
Trinity Wallace-Ellis, Youth Representative

APPROVAL OF THE AGENDA

The agenda for the July 26, 2004, meeting was unanimously approved as amended, to reverse the order of the two New Business items.

APPROVAL OF MINUTES

The approval of the June 21, 2004, general meeting minutes was held for the next meeting.

CHAIR'S REPORT

Vice Chair Biondi presented the Chair's Report in the absence of Chair Williams.

- Group home contracts should be coming to the Board of Supervisors for approval sometime in August. Some in the group home community are taking issue with a number of performance outcomes outlined in the contract, and have begun contacting Board offices for support. The expectation of an approximate 83 percent increase in school attendance and/or achievement is one issue, since group homes feel they cannot be held responsible for a youth's achievement level. Dr. Sanders believes the ability to affect achievement exists in the many group homes with on-site schools, and—wherever the school location—attendance is not negotiable.

Under the new contract, group homes also may not submit a seven-day notice, but must contact the child's social worker (CSW) for a conference. Maintaining that CSWs are often unresponsive to those requests, group homes are reluctant to be responsible for children who are a danger to themselves or others. Dr. Sanders has instituted a policy requiring an immediate response from CSWs; if none is forthcoming, follow-up proceeds through the chain of command, with the deputy director being ultimately responsible.

- Dr. Sanders is considering a study to analyze placement stability after a child's release from a group home. He feels that the average 18-month stay there should have an impact on placement stability after discharge.
- Rhelda Shabazz has been appointed the division chief for the emancipation program, beginning August 4. Gene Gilden, who was serving as interim chief of emancipation, will move to the permanency resources division as division chief.
- The department's executive team held a work group integration meeting on July 20. Commissioner Kleinberg reviewed the background of the outcome measurement and accountability initiative required by AB 636, which requires two submissions from the department. The first piece, a self-assessment that was sent to the state at the end of June, identified seven measures needing improvement. The second piece is a self-improvement plan that is due to the state at the end of September.

It was originally thought that the results of the Commission's three active work groups (prevention, reunification, and permanency) could be used in that plan, but that goal may be too ambitious considering the short time frame and summer vacation schedules. The work group reports don't include the timelines and specific strategies needed for the plan, nor do they fully coincide with the seven elements addressed in the self-assessment tool. Work group efforts have moved beyond the involvement of the Department of Children and Family Services (DCFS) alone, and call for the participation of many public and private agencies, as well as the community. The executive team overseeing that work agreed that this larger countywide plan needs to be brought to the Chief Administrative Office, and will very likely need formal adoption by the Board of Supervisors.

However, a response to AB 636 must still be filed. Before that can be developed, Commissioner Kleinberg said, DCFS priorities and its design for rolling out the many initiatives currently under consideration must be clarified, since those details will be key to the self-improvement plan. Also to be integrated are the goals of the Performance Counts program initiated by the Chief Administrative Office.

- On August 16 at 1:00 p.m., a meeting is scheduled with representatives of the Federal government to discuss the department's progress on the performance improvement plan. Dr. Sanders has asked the Commission's work group chairs to be present. Both Commissioner Kleinberg and Commissioner Sorkin urged more organization and preparation than has been the case with similar talks in the past, suggesting, for one thing, that the same people be involved for all three days. Dr. Sophy promised to bring everyone involved together prior to the scheduled time, and will also make available copies of the plan submitted to the Federal government.
- The work group chairs have also been asked to join the DCFS executive team on August 19 at 2:00 p.m. to discuss the work group recommendations. This is the culmination of the work that the Commission has focused on for the majority of the fiscal year, and Vice Chair Biondi stressed the importance of attendance. Commissioners were asked to tell executive director Dana Blackwell of their ability to participate.
- On July 21, the new Compton project facility held its grand opening in the old Pacific Bell building on Compton Boulevard. It is the only departmental office in SPA 6, a region that has an extremely high rate of child abuse reporting. The facility will house staff from both DCFS and the Department of Mental Health.
- Vice Chair Biondi reminded members about the annual Partnership Conference sponsored by the courts and scheduled for October 29. The conference is in need of about \$20,000 of further funding; if anyone has ideas about sources for these funds, please contact Vice Chair Biondi through the Commission office.

DIRECTOR'S REPORT

- Dr. Charles Sophy presented the Director's Report in the absence of Dr. Sanders, who would like to connect the Katie A. panel members with the Commission so that they can better understand the culture of Los Angeles County. Ms. Blackwell mentioned that the panel may appear before the Commission in September, and Commissioners have received a copy of their report.

Commissioner Kleinberg reiterated her point about not being clear on what DCFS can realistically accomplish within a year's time, now in the context of three reports (the Katie A. settlement, the state performance improvement plan, and the work groups for the Children's Planning Council recommendations approved by the Board of Supervisors). Though Dr. Sophy pledged clarity, Commissioner Hurewitz recognized that these processes were all evolving and perhaps clarity might not be possible for a while, especially in terms of which issues would be addressed systemwide and which

by individual offices. Dr. Sophy acknowledged the need for the melding of Katie A. settlement expectations into other county initiatives.

- Commissioner Sorkin asked for a report on the Latino family preservation effort, which currently has only nine staff members. Dr. Sophy said that the department was currently looking at the program's outcomes and was hoping to fund more staff soon.

Wraparound and Mental Health Programs

Michael Rauso reported that 415 children are currently enrolled in wraparound services, approximately 100 from Probation, a little more than 200 from DCFS, and the balance from the Department of Mental Health (DMH). Referrals are screened and treatment plans monitored by interagency screening committees (ISCs) made up of staff from DCFS, DMH, and, until recently, the Probation Department.

A recent study looked at differences between children who had received wraparound services and those who had not, six months following their graduation from DCFS. Study participants ranged in age from 14 to 18, and both groups shared similar demographics in terms of sex, length of time in the system, etc. Of 46 children who had not received wraparound services, 34 had come back to the attention of the department; 54 percent of those required services at Level 12 or higher. Of 46 children who *had* received wraparound services, only 8 had returned to the attention of the department. A year after graduation, only one had returned to foster care.

Two types of cases may be referred to wraparound services: those children Federally eligible under Title IV-E, and those nonFederally eligible. The Title IV-E program requires a research component, which was performed by the University of California at Berkeley until June 30 of this year. Since that ceased, only nonFederally eligible clients may be referred to wraparound, though Rauso hopes the IV-E program may be returned to active status soon. If the research component is all that's missing, Commissioner Hurewitz suggested, perhaps the possibility of a private grant can be explored.

The state maintains that wraparound services are more expensive, which Mr. Rauso conceded was true, in the short term. In the long term, as the study bears out, providing those services is not only more cost-efficient, but it's clearly better for the children involved. The department is currently working on its report to the state.

In assessing the cost neutrality issue with Federal and state representatives, Andrea Gordon from Probation explained, county department heads were very clear that they did not want a so-called 'control group' to be barred from wraparound services even though they were eligible. Instead, the county insisted that non-wraparound families be provided the highest level of in-home social services—strength-based and family-centered, using a team approach—even though department heads knew this would drive the cost up. The Berkeley researchers (who studied Probation and DCFS children, but not DMH) said they would calculate this decision into the study results; if that study is showing increased costs for wraparound services, Ms. Gordon said, then those numbers are skewed.

The IV-E waiver is critical for the Probation Department, whose clients receive Level 12 care and higher, and whose funds are capped at that level. The Dorothy F. Kirby Center, for instance, is a secure facility where a placement order triggers IV-E funding. It is considered part of the Probation camp system, though it began under the auspices of the youth authority and not as a private sector group home under Community Care Licensing.

Commissioner Kleinberg asked about the MacLaren Children's Center funds that were to be set aside for wraparound services for MacLaren children. A representative from the Chief Administrative Office said that a report is being prepared on how those funds are being used, and it should be available within a couple of weeks.

Ms. Gordon said that Probation staff assigned to wraparound services and systems of care were originally funded through DMH's systems of care budget. When that was cut, staff costs were switched to Title IV-E prevention and treatment dollars with no net county cost. The governor's proposed budget, now under discussion in Sacramento, threatens to defund systems of care completely. The Probation Department also faces huge possible cuts, perhaps as much as \$157 million. If system of care funding is pulled, Dr. Sophy said that it is possible to track what happens to children within the system who no longer receive those services.

Because Probation could not fund wraparound positions beyond July 1, those positions were cut and staff were redeployed as of July 19 to vacant slots elsewhere in the department. The wraparound program's Probation children, though they still have Probation officers assigned to them, now lack any experts in wraparound services. (Paul Higa has mentioned perhaps funding a reconfigured, smaller staff.) Referrals are still being processed by DMH and DCFS, but Ms. Gordon said there are no new Probation referrals.

Wraparound is not traditional mental health treatment, Ms. Gordon said, but rather provides mental health and other services to teach families how to manage their own resources. Building the program has been a slow process, Vice Chair Biondi said, taking six years to enroll 415 children. Commissioner Kleinberg called it an important model, without which the Commission work groups say there can be no family reunification and no prevention.

The problem of providing mental health services to children who are incarcerated is a national one, Vice Chair Biondi said. In Los Angeles County, approximately 14,000 children a year move through the juvenile halls, and 60 to 80 percent of them need mental health services or help with drug and alcohol problems. Those services are very limited within the delinquency system.

Dr. Karen Streich explained the 52-question mental health screening tool (the **MAISIE**) used to assess youth entering the juvenile halls. The assessment—developed and normed on a juvenile justice population, and available in Spanish and English—is not a formal diagnostic tool, but is meant to look at major affective areas, providing a snapshot of what the youth chooses to reveal about his or her subjective state.

The questions are read to the child, who is under observation by a mental health professional, and results are combined with the child's history to help develop a treatment plan if necessary. Cases are opened for approximately 25 percent of screened youth.

The screening and history information is shared with staff in the living units and the child's Probation officer, and is also transmitted to the camp or other facility to which the individual is transferred. Unfortunately, only a few of the 18 camps provide any mental health services or drug and alcohol treatment programs.

New D and F Rate Structure and Medical HUBS

Dr. Sophy explained his effort to standardize and monitor health and mental health services for DCFS children. When mental health services have been needed in the past, a case was assigned a **D rate** following a CSW-requested assessment and referral, but there may have been little follow-up with the child. With assessments being standard at detainment, decisions about needed care can be more deliberately made. (Referrals to Regional Centers are also possible.) Each DCFS office will be assigned a D rate staff member, probably funded through MacLaren Children's Center dollars.

As Marilyn Sklar explained, this change will ensure checks every six months, rather than children going two years without follow-up and not getting services they need. Staff will be continuously available in every office to support relatives and non-group home caregivers (other groups, such as adoptive parents, may also be supported in time) when crises arise, helping to preserve the placement and, ultimately, to return children to their families as soon as possible. Crisis intervention will be done primarily by telephone, connecting with DMH and the on-staff public health nurse if necessary, and working with the family and other stakeholders through team decision-making once the immediate crisis has been resolved. Dr. Sophy asked the Commission's support for this concept, as he foresees some controversy from providers.

Commissioner Kleinberg expressed her reservations about behavior problems being handled on the telephone rather than in person, and suggested more intensive training for caregivers, perhaps in a nonclassroom environment, plus ongoing refresher courses. Ms. Sklar said that the 16 hours of training required for all D rate parents was being revamped to include a large portion of mental health-related curriculum.

Commissioner Sorkin asked about enrollment in SSI. If a case receives a D rate, does DMH automatically file so that when children emancipate or turn 19, they have a source of income? All children on Medi-Cal are eligible for SSI, but papers do need to be filed.

Dr. Sophy explained the **F rate**, which designates children needing medical care on a severity scale of 1 through 4. In the past, placements could be disrupted if paperwork sign-offs were delayed. With more standardization, the entire team will have all pieces in place. Commissioner Sorkin asked what kind of questions were asked of caregivers taking children with medical needs, citing one child with asthma placed with a smoker. Commissioner Kleinberg recommended a specialized approach with children birth to age five, and Ms. Sklar said that nurses trained in pediatrics perform in-home visits.

Commissioner Hurewitz asked about dual-diagnosis cases involving Regional Centers, and Commissioner Sorkin mentioned the ease with which children ages birth to three could be referred. Dr. Sophy said that the department was trying to work with Regional Centers, but its decentralized structure—there are seven Regional Centers in Los Angeles, all functioning independently—makes this difficult.

Dr. Sophy reviewed the department's **medical HUBS**, five locations funded by MacLaren dollars where expert assessments can be made 24/7: USC, Antelope Valley Hospital, Olive View, King/Drew Medical Center, and Harbor/UCLA. Each newly detained child receives a medical evaluation specifically for abuse and neglect, as well as an age-appropriate mental health screening. Depending on the level of treatment needed, children may remain at these facilities or be sent to a community care provider.

Commissioner Kleinberg questioned the appropriateness of using MacLaren funds for these HUBS, stating that they should receive wraparound dollars. In response to Commissioner Sorkin's inquiry about a HUB for SPA 3, Dr. Sophy said that USC will cover that area, despite the long drive from the Pomona area, for instance. The issue of transportation funding is a huge one, said Commissioner Kleinberg, since parents may lose their children if they cannot visit them often enough.

PUBLIC COMMENT

No public comment was requested.

MEETING ADJOURNED